

## **NIHR SCHOOL FOR PRIMARY CARE RESEARCH (SPCR)**

### **Annual Report Feedback 2018/19**

#### **Feedback on Annual Report**

On behalf of the NIHR Central Commissioning Facility, NIHR Academy and Department of Health and Social Care, we would like to thank you for submitting the annual report and providing a clear summary of the school's activity. We acknowledge the efforts of collecting detailed information from nine member institutions and we apologise for the delay on our side to provide you with feedback.

We were pleased to see the progress being made and would like to congratulate the school on a successful year.

#### **PART A: Report of the School for Primary Care Research contract (managed by CCF)**

##### **Update on SPCR activities and research highlights**

We noted the continuous work from SPCR to increase the evidence base for primary care research that has been reflected in the success of a number of publications from SPCR partner departments in RCGP Research Paper of the Year (RPY) 2019 awards in the clinical research category. We appreciated the thread made in the report linking those publications to the SPCR funded projects that contributed to their development and the funded leveraged from Health Technology Assessment, Programme Grants for Applied Research and Health Services and Delivery Research programmes. We acknowledge the breath of the work spanning several of SPCR main research themes. We would have appreciated the description of the research activities would have made clearer how the balance of the portfolio between smaller pilot work and larger cross-school definitive studies has been maintained and the submission of examples of work on all disciplines of primary care.

We would like to take this opportunity to congratulate Professor Christian Mallen, Paul Little, Richard Hobbs, Louise Robinson, Jonathan Mant, Krysia Dziedzic, Richard McManus and Alastair Hay for the awards and honours they have received.

##### **Primary care engagement**

We were pleased to see the commitment to closing the evidence-to-practice gap in primary care through the work of Keele's Impact Accelerator Unit and how this work contributes to

develop stronger links with NIHR infrastructure, the National Institute for Health and Care Excellence, the Academic Health Science Network, national charities and regional sustainability and transformation partnerships. We will welcome in future reports specific examples of the outcomes from those partnerships.

It is encouraging to see that the support provided to Dr Kingston is contributing to analyses for DHSC, through the NIHR Older People and Frailty PRU (OPF PRU) and shaping strategy documents to address the Ageing Grand Challenge.

Of particular interest given its impact on practice is the refinement of the FAMCAR tool carried out in Nottingham. We commend that the quality improvement tool developed from the FAMCAT study has been implemented in over 800 general practices, with the support of several AHSNs and British Heart Foundation FH nurses, supported by Public Health England policy and taken as evidence for recommendations in NICE FH guidelines (CG 71), particularly the data to populate the economic analysis. The fact that the FAMCAT tool is also being implemented in Malaysian primary care is additional testament to the impact generated.

### **Impact and high impact projects examples**

We thank the school for highlighting strong examples of SPRC research outputs and their inclusion in the NIHR Dissemination Centre, we would expect that this successful research will lead in turn to changes to policy and practice.

Of note are the projects on workforce that have influenced Health Education England's online content supporting specialty choices, supported RCGP-led promotion of general practice careers in medical schools and the SPCR studies of GP specialist training programmes that have fed into the RCGP review of the GP training curriculum and the Prime Minister's Implementation Unit and the DHSC.

We appreciate the launch of a new programme of research dedicated to social prescribing responding to the needs of the community and which in addition provides the opportunity to collaborate with institutions outside the core membership.

Further, the work of the Evidence Synthesis Working Group continues to cement the reputation and value of the school as the point of reference for primary care.

We thank you for submitting the high impact project case studies. They will help highlight the importance of SPCR during a CSR. We are pleased with the continuous progress in the roll out of the PINCER intervention to over 123 CCGs across 14 AHSNs and the training of over a thousand pharmacists. Equally, the national uptake of Help-Diabetes as the first digital health intervention is highly commended and its importance undoubtedly recognised by the inclusion on the NHS long term plan. We look forward to further updates in the future. We remain eager to see the impact of the OPTIMISE study realised.

## **Patient and Public Involvement and Engagement**

The school continues to offer very good examples of PPI activities. The school is to be particularly commended for setting up systems to support new and inclusive models for PPIE - which they have done through (i) encouraging researchers to publish blogs with tips on how to engage with the public in unconventional locations such as a pub or science festivals, and (ii) providing grants to researchers to reach out to seldom heard communities and use creative approaches to PPIE. We are very encouraged to note the laudable efforts the school has put in place to support the capacity development for PPIE within primary care research, notable among these are: (i) provision of bursaries for public contributors to attend knowledge enhancing events (ii) supporting a public contributor to conduct a PhD to examine the impact of patients access to online medical records.

## **Forward look and additional information**

We thank you for the submission of the spreadsheet and appendix 1 containing the school's leveraged funding and the updated list of projects. We ask that the school continues to monitor this information as it is a key indicator of added value and why the school benefits the wider primary care landscape. It also helps us with a way of tracking research through the NIHR/ non-NIHR pathway.

We were pleased with the progress being made by the school and appreciate the strategic direction of the plans set out for the six months contract extension. We understand that some of the objectives set out have now been jeopardised by this year's COVID-19 outbreak. We look forward to following the progress of the school during the remaining period of the contracts.

## **PART B. Report for the School for Primary Care Research Capacity Development Contract (managed by NIHR Academy)**

Many thanks for sending this annual report on progress on your research capacity development objectives. It was good to hear about your progress and about the outputs from the individuals you have funded. Some specific feedback is bulleted below:

- The summary sentence in section 1 covers what your aims are; it would be helpful if you could rephrase to emphasise what your achievements were within the reporting period.
- Regarding question 3, it would be very helpful to get a breakdown of which outputs came from the bridging support and which came from the seed corn.
- Regarding the expansion of the internships beyond general practice, it would be helpful to know how you have arranged supervisory arrangements to suit the new broader cohort.
- It was really good to see the information in question 7 about the evidence synthesis group and the opportunities that this has brought, including the trainee representatives on the group.